

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 742349**

1. Entity Name

THE JOHN AND MABLE RINGLING, MUSEUM OF ART FOUND

Principal Place of Business

Mailing Address

5401 BAYSHORE ROAD
SARASOTA FL 34243
US5401 BAY SHORE ROAD
SARASOTA FL 34243-2161
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6214423

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

EBITZ, DAVID
5401 BAY SHORE RD
SARASOTA FL 34243

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DCP	<input checked="" type="checkbox"/> Delete
NAME	BARNETT, JAMES S	
STREET ADDRESS	1605 MAIN STREET, STE 500	
CITY-ST-ZIP	SARSATO FL 34236	
TITLE	DCP	<input type="checkbox"/> Delete
NAME	BARNETT, JAMES S	
STREET ADDRESS	7416 20TH AVE NW	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DCP	<input type="checkbox"/> Delete
NAME	JENNINGS, CHRISTINE	
STREET ADDRESS	2 N TAMiami TRAIL, SUITE 100	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	COOK, MARLOW W	
STREET ADDRESS	444 N WASHINGTON DR	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JOHNSON, CAROLYN G	
STREET ADDRESS	3348 OLD OAK DRIVE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BEAR, LEWIS JR	
STREET ADDRESS	72 HIGHPOINT DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Austin-Smith, Sheila	
STREET ADDRESS	11 NW 1st St, Ste 625	
CITY-ST-ZIP	Miami, FL 33128	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barnett, James S.	
STREET ADDRESS	7416 20th Ave NW	
CITY-ST-ZIP	Bradenton, FL	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennings, Christine	
STREET ADDRESS	2 N Tamiami Trail, Suite 100	
CITY-ST-ZIP	Sarasota, FL	
TITLE	DCP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, marlow W.	
STREET ADDRESS	444 N Washington Dr.	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Carolyn G.	
STREET ADDRESS	3348 Old Oak Drive	
CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jenkins, Dorothy C.	
STREET ADDRESS	456 Lone Palm Drive	
CITY-ST-ZIP	Lakeland, FL 33815	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90013 029 ****70.00

00010126



DO NOT WRITE IN THIS SPACE

1/21/00

941-388-1815